

# TSD File Inventory Index

Date: November 13, 2008

Initial: CMH/evs

Facility Name: <u>Chevron USA Inc (North Park Facility - On Folder Site)</u>		
Facility Identification Number: <u>OHD 083364679</u>		
A.1 General Correspondence		B.2 Permit Docket (B.1.2)
A.2 Part A / Interim Status	✓	.1 Correspondence
.1 Correspondence	✓	.2 All Other Permitting Documents (Not Part of the ARA)
.2 Notification and Acknowledgment	✓	C.1 Compliance - (Inspection Reports)
.3 Part A Application and Amendments	✓	C.2 Compliance/Enforcement
.4 Financial Insurance (Sudden, Non Sudden)		.1 Land Disposal Restriction Notifications
.5 Change Under Interim Status Requests		.2 Import/Export Notifications
.6 Annual and Biennial Reports		C.3 FOIA Exemptions - Non-Releasable Documents
A.3 Groundwater Monitoring		D.1 Corrective Action/Facility Assessment
.1 Correspondence		.1 RFA Correspondence
.2 Reports		.2 Background Reports, Supporting Docs and Studies
A.4 Closure/Post Closure	✓	.3 State Prelim. Investigation Memos
.1 Correspondence	✓	.4 RFA Reports
.2 Closure/Post Closure Plans, Certificates, etc		D. 2 Corrective Action/Facility Investigation
A.5 Ambient Air Monitoring		.1 RFI Correspondence
.1 Correspondence		.2 RFI Workplan
.2 Reports		.3 RFI Program Reports and Oversight
B.1 Administrative Record		.4 RFI Draft /Final Report
		5. RFI QAPP

Total - 1

.6 RFI QAPP Correspondence		.8 Progress Reports	
.7 Lab Data, Soil-Sampling/Groundwater		D.5 Corrective Action/Enforcement	
.8 RFI Progress Reports		.1 Administrative Record 3008(h) Order	
.9 Interim Measures Correspondence		.2 Other Non-AR Documents	
.10 Interim Measures Workplan and Reports		D.6 Environmental Indicator Determinations	
D.3 Corrective Action/Remediation Study		.1 Forms/Checklists	
.1 CMS Correspondence		E. Boilers and Industrial Furnaces (BIF)	
.2 Interim Measures		.1 Correspondence	
.3 CMS Workplan		.2 Reports	
.4 CMS Draft/Final Report		F Imagery/Special Studies (Videos, photos, disks, maps, blueprints, drawings, and other special materials.)	
.5 Stabilization		G.1 Risk Assessment	
.6 CMS Progress Reports		.1 Human/Ecological Assessment	
.7 Lab Data, Soil-Sampling/Groundwater		.2 Compliance and Enforcement	
D.4 Corrective Action Remediation Implementation		.3 Enforcement Confidential	
.1 CMI Correspondence		.4 Ecological - Administrative Record	
.2 CMI Workplan		.5 Permitting	
.3 CMI Program Reports and Oversight		.6 Corrective Action Remediation Study	
.4 CMI Draft/Final Reports		.7 Corrective Action/Remediation Implementation	
.5 CMI QAPP		.8 Endangered Species Act	
.6 CMI QAPP Correspondence		.9 Environmental Justice	
1			

Note: Transmittal Letter to Be Included with Reports.

Comments: the field site



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V

DEC 17 1982

111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

Marion M. Smith  
Vice President - Marketing  
Chevron U.S.A. Incorporated  
575 Market Street  
San Francisco, California 94105

RE: Withdrawal of Part A  
(Storage fewer than 90 Days)  
FACILITY NAME: Cincinnati Asphalt Refinery  
USEPA ID NO.: OHD 083 364 679

Dear Mr. Smith:

This is to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and Your letter of October 13, 1982, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility has accumulated wastes generated on site for fewer than 90 days in containers or tanks since November 19, 1980, in accordance with 40 CFR Part 262.34. It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time.

Please be advised that you must ensure that your waste is handled in accordance with 40 CFR Part 262.34 (enclosed), and applicable State and local requirements.

Please contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance, if you have any questions. Please refer to "Withdrawal of Part A (Storage fewer than 90 Days)," in all correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc: C.R. Lupcho, Senior Specialist - Environmental  
Donald Pruett, Refinery Manager  
OEPA





5	W	O	H	D	O	8	3	3	6	4	6	7	9	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23	23	23	23	23	23
26	26	26	26	26	26
7	8	9	10	11	12
23	23	23	23	23	23
26	26	26	26	26	26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K048	K049	K050	K051		
23	23	23	23	23	23
26	26	26	26	26	26
19	20	21	22	23	24
23	23	23	23	23	23
26	26	26	26	26	26
25	26	27	28	29	30
23	23	23	23	23	23
26	26	26	26	26	26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U013	U159	U188	U220	U238	
23	23	23	23	23	23
26	26	26	26	26	26
37	38	39	40	41	42
23	23	23	23	23	23
26	26	26	26	26	26
43	44	45	46	47	48
23	23	23	23	23	23
26	26	26	26	26	26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23	23	23	23	23	23
26	26	26	26	26	26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

REFINERY MANAGER

DATE SIGNED

 7/24/80 1ST  
 8/18/80 REVISED

REVISED 8/18/80



U.S. ENVIRONMENTAL PROTECTION AGENCY

## NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

OHD083364679

NAME OF INSTALLATION

CHEVRON ASPHALT COMPANY  
BROWER & STATION RDS  
NORTH BEND, OH 45052

INSTALLATION MAILING ADDRESS

LOCATION OF INSTALLATION

BROWER & STATION RDS  
NORTH BEND, OH 45052

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

000049 JUL 28 80

## FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., &amp; day)

800728

## I. NAME OF INSTALLATION

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST.

ZIP CODE

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

OHD083364679

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

5	W	0	4	D	0	8	3	3	6	4	6	7	9	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)

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1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
0013	0185				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

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**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

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(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
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**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

REFINERY MANAGER

DATE SIGNED

7/25/80





**Chevron U.S.A. Inc.**  
575 Market Street, San Francisco, CA 94105

*STORER  
FOR L985  
THRU 90*

9  
B.S.

October 13, 1982

Marion M. Smith  
Vice-President  
Marketing

U.S. Environmental Protection Agency  
RCRA Activities  
Region V  
P.O. Box A3587  
Chicago, Illinois 60690-3587

**RECEIVED**

OCT 28 1982

WASTE MANAGEMENT BRANCH  
EPA, REGION V

Attention: Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Dear Mr. Klepitsch:

In November of 1980, the Chevron U.S.A. Marketing Department submitted a Part "A" RCRA application requesting interim status for our Cincinnati Asphalt Refinery. This facility is located at the following address:

Chevron U.S.A. Inc.  
11001 Brower Road  
North Bend, Ohio 45052

The EPA-RCRA I.D. number is: OHDO83364679 *TSD, PA*

The Cincinnati facility manufactures asphaltic products. In the operation of our refinery, we do not store or intend to store hazardous waste for over 90 days and we are not treating or disposing of hazardous waste on-site. As the RCRA regulations have unfolded, many clarifications of the requirements have been provided by the Agency which now make it clear that we made an error in filing for interim status. We do wish to retain our "generator" I.D. number as we will need it to properly manifest and dispose of any hazardous waste we might generate.

Would you please provide guidance on withdrawing our interim status application for our Cincinnati Asphalt Refinery. As noted above, we want to retain our "generator" I.D. number. If you have any questions which could be handled by telephone, please contact C. R. Lupcho at (415) 894-4286.

Very truly yours,

*Marion M. Smith*

CRL:jo

**RECEIVED**  
10/28/82

.....

<b>FORM 3</b>		<b>EPA</b>		<b>ENVIRONMENTAL PROTECTION AGENCY</b>		<b>HAZARDOUS WASTE PERMIT APPLICATION</b>		<b>I. EPA I.D. NUMBER</b>																																																																									
<b>RCRA</b>						<b>Consolidated Permits Program</b>		<b>FOHDO8336467931</b>																																																																									
						<b>(This information is required under Section 3005 of RCRA.)</b>																																																																											
<b>FOR OFFICIAL USE ONLY</b>																																																																																	
<b>APPLICATION APPROVED</b>		<b>DATE RECEIVED</b> (yr., mo., & day)		<b>COMMENTS</b>																																																																													
<b>II. FIRST OR REVISED APPLICATION</b>																																																																																	
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.																																																																																	
<b>A. FIRST APPLICATION</b> (place an "X" below and provide the appropriate date)																																																																																	
<input checked="" type="checkbox"/> <b>1. EXISTING FACILITY</b> (See instructions for definition of "existing" facility. Complete item below.)																																																																																	
<input type="checkbox"/> <b>2. NEW FACILITY</b> (Complete item below.)																																																																																	
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)																																																																																	
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN																																																																																	
<b>B. REVISED APPLICATION</b> (place an "X" below and complete Item I above)																																																																																	
<input type="checkbox"/> <b>1. FACILITY HAS INTERIM STATUS</b>																																																																																	
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<b>III. PROCESSES - CODES AND DESIGN CAPACITIES</b>																																																																																	
<b>A. PROCESS CODE</b> - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).																																																																																	
<b>B. PROCESS DESIGN CAPACITY</b> - For each code entered in column A enter the capacity of the process.																																																																																	
1. AMOUNT - Enter the amount.																																																																																	
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.																																																																																	
<table border="1"><thead><tr><th>PROCESS</th><th>PROCESS CODE</th><th>APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</th><th>PROCESS</th><th>PROCESS CODE</th><th>APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</th></tr></thead><tbody><tr><td><b>Storage:</b></td><td></td><td></td><td><b>Treatment:</b></td><td></td><td></td></tr><tr><td>CONTAINER (barrel, drum, etc.)</td><td>S01</td><td>GALLONS OR LITERS</td><td>TANK</td><td>T01</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>TANK</td><td>S02</td><td>GALLONS OR LITERS</td><td>SURFACE IMPOUNDMENT</td><td>T02</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>WASTE PILE</td><td>S03</td><td>CUBIC YARDS OR CUBIC METERS</td><td>INCINERATOR</td><td>T03</td><td>TONS PER HOUR OR METRIC TONS PER HOUR</td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>S04</td><td>GALLONS OR LITERS</td><td></td><td>T04</td><td>GALLONS PER HOUR OR LITERS PER HOUR</td></tr><tr><td><b>Disposal:</b></td><td></td><td></td><td>OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)</td><td></td><td></td></tr><tr><td>INJECTION WELL</td><td>D79</td><td>GALLONS OR LITERS</td><td></td><td></td><td></td></tr><tr><td>LANDFILL</td><td>D80</td><td>ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER</td><td></td><td></td><td></td></tr><tr><td>LAND APPLICATION</td><td>D81</td><td>ACRES OR HECTARES</td><td></td><td></td><td></td></tr><tr><td>OCEAN DISPOSAL</td><td>D82</td><td>GALLONS PER DAY OR LITERS PER DAY</td><td></td><td></td><td></td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>D83</td><td>GALLONS OR LITERS</td><td></td><td></td><td></td></tr></tbody></table>										PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	<b>Storage:</b>			<b>Treatment:</b>			CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY	TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY	WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR	SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER HOUR OR LITERS PER HOUR	<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)			INJECTION WELL	D79	GALLONS OR LITERS				LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER				LAND APPLICATION	D81	ACRES OR HECTARES				OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY				SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
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GALLONS PER DAY	U	LITERS PER HOUR	H																																																																														
<b>EXAMPLE FOR COMPLETING ITEM III</b> (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.																																																																																	
<table border="1"><thead><tr><th>LINE NUMBER</th><th>A. PROCESS CODE (from list above)</th><th>B. PROCESS DESIGN CAPACITY</th><th>FOR OFFICIAL USE ONLY</th><th>LINE NUMBER</th><th>A. PROCESS CODE (from list above)</th><th>B. PROCESS DESIGN CAPACITY</th><th>FOR OFFICIAL USE ONLY</th></tr><tr><th></th><th></th><th>1. AMOUNT (specify)</th><th>2. UNIT OF MEASURE (enter code)</th><th></th><th></th><th>1. AMOUNT</th><th>2. UNIT OF MEASURE (enter code)</th></tr></thead><tbody><tr><td>X-1</td><td>S 0 2</td><td>600</td><td>G</td><td>5</td><td></td><td></td><td></td></tr><tr><td>X-2</td><td>T 0 3</td><td>20</td><td>E</td><td>6</td><td></td><td></td><td></td></tr><tr><td>1</td><td>S 0 2</td><td>2000000</td><td>G</td><td>7</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td>8</td><td></td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td></td><td>9</td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td></td><td>10</td><td></td><td></td><td></td></tr></tbody></table>										LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY			1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)	X-1	S 0 2	600	G	5				X-2	T 0 3	20	E	6				1	S 0 2	2000000	G	7								8				3				9				4				10											
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1	S 0 2	2000000	G	7																																																																													
				8																																																																													
3				9																																																																													
4				10																																																																													

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

SO<sub>2</sub> - API SEPARATOR FOLLOWED BY INDUCED AIR  
FLOTATION UNIT

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS . . . . .	P	KILOGRAMS . . . . .	K
TONS . . . . .	T	METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter

"included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
							1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K	0	5	4	900	P	T 0 3 D 8 0	
X-2	D	0	0	2	400	P	T 0 3 D 8 0	
X-3	D	0	0	1	100	P	T 0 3 D 8 0	
X-4	D	0	0	2				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

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EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
W 0 4 D 0 8 3 3 6 4 6 7 9 3 1															W DUP 3 2 DUP									

## V. DESCRIPTION OF HAZARDOUS WASTES (continued)

WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K048	7000	T	S02	
2	K051	7000	T	S02	
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

IV. DESCRIPTION OF HAZARDOUS WASTE. *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)											
S	1	2	3	4	5	6	7	8	9	T/A	C
E	0	H	D	Q	8	3	3	6	4	6	7
L	1	2	3	4	5	6	7	8	9	10	11
										3	6

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail). **F6:N/55**

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). **F6:A/56**

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

39	07	00N	000
65	66	67	68
69	70	71	

084	47	50W	500
72	73	74	75
76	77	78	79

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX												4. CITY OR TOWN												5. ST.		6. ZIP CODE				
C	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
E																														
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

D. C. MULIT

[Signature]

11/17/80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

V. FACILITY DRAWING (see page 4)

CHEVRON USA Inc. CINCINNATI REFINERY

EPA-ID - OH 0083364679

"SEE ATTACHED SKETCH &amp; PHOTOS"







1. The first part of the document is a list of names and their corresponding addresses. The names are listed in the first column, and the addresses are listed in the second column. The names are: John Doe, Jane Smith, and Bob Johnson. The addresses are: 123 Main St, 456 Elm St, and 789 Oak St.

<b>FORM</b> <b>1</b> <b>GENERAL</b>		<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>F</b> <b>O</b> <b>H</b> <b>D</b> <b>0</b> <b>8</b> <b>3</b> <b>3</b> <b>6</b> <b>4</b> <b>6</b> <b>7</b> <b>9</b> <b>3</b> <b>D</b> </div>																																																					
<b>II. POLLUTANT CHARACTERISTICS</b> <p><b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK "X" FORM ATTACHED</th> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK "X" FORM ATTACHED</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</td> <td></td> <td>X</td> <td></td> <td>B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)</td> <td>X</td> <td></td> <td></td> <td>D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</td> <td>X</td> <td></td> <td></td> <td>F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</td> <td></td> <td>X</td> <td></td> <td>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td>X</td> <td></td> <td>J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table>		SPECIFIC QUESTIONS	MARK "X" FORM ATTACHED			SPECIFIC QUESTIONS	MARK "X" FORM ATTACHED			YES	NO	FORM ATTACHED	YES	NO	FORM ATTACHED	A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X		C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. 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Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>
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CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND											
7	2	9	1	1	(specify)	PETROLEUM REFINING					7	2	9	5	1	(specify)	PAVING MIXTURES				
C. THIRD										D. FOURTH											
7	2	9	5	2	(specify)	ROOFING ASPHALT					7					(specify)					

## VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?																			
CHEVRON USA INC																																																		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box, if "Other", specify.)																														D. PHONE (area code & no.)																																							
F = FEDERAL										M = PUBLIC (other than federal or state)										P = PRIVATE										O = OTHER (specify)										(specify) P										(specify) A										513 941 4400									
E. STREET OR P.O. BOX																																																																					
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F. CITY OR TOWN																				G. STATE										H. ZIP CODE										IX. INDIAN LAND																													
NORTH BEND																				OH										45052										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																													

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
OH000100006															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U															14350149 (specify)														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 R															(specify)														

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9:A/50

## XII. NATURE OF BUSINESS (provide a brief description)

PROCESSING CRUDE OIL RESID. INTO PAVING ASPHALT,  
ASPHALT EMULSIONS, AND ROOFING ASPHALT

F9:A/51

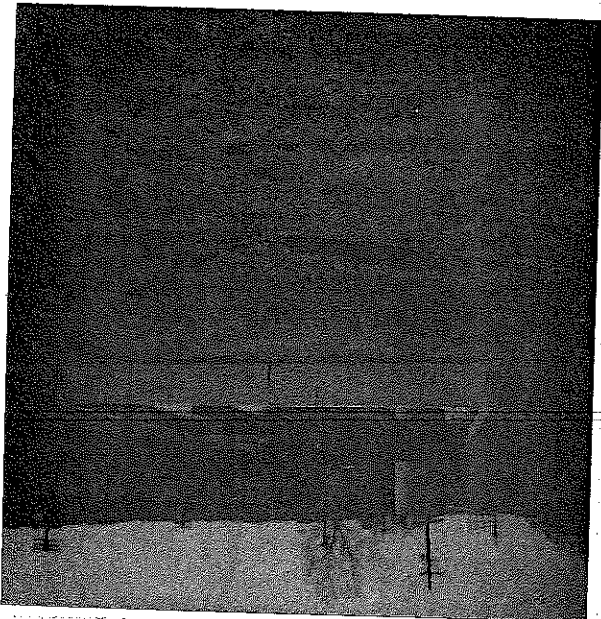
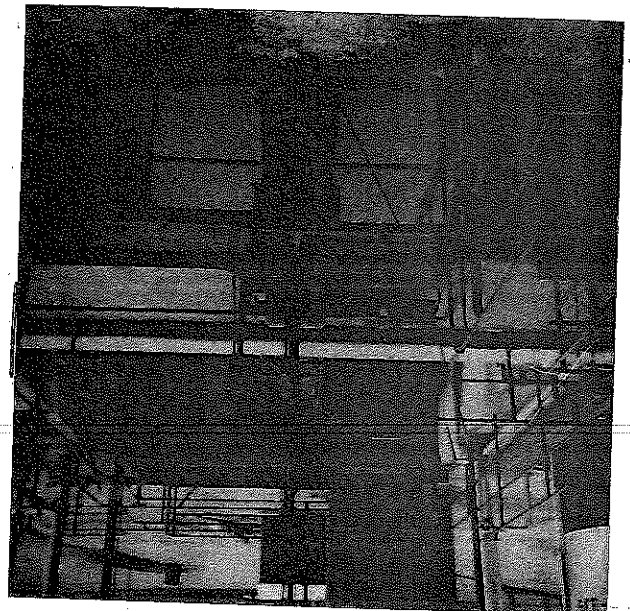
## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																				B. SIGNATURE																				C. DATE SIGNED									
D. C. MULIT																				[Signature]																				11/17/80									
J. P. M. K. L. g. Chevron USA, Inc																																																	

## COMMENTS FOR OFFICIAL USE ONLY





CHEVRON USA INC  
CINCINNATI REFINERY  
OH 45236-4679



State of Ohio Environmental Protection Agency

Box 1049, 1800 WaterMark Dr.  
Columbus, Ohio 43266-0149  
(614) 644-3020  
FAX (614) 644-2329

04D 083 364 679

George V. Voinovich  
Governor

Donald R. Schregardus  
Director

CERTIFIED MAIL

June 2, 1994

RE: CLOSURE PLAN EXTENSION  
CHEVRON U.S.A., INC.  
S01 (1), S02 (3)  
04D-004354132/05-31-0218

Mr. John Tiffany  
Chevron U.S.A., Inc.  
P.O. Box 96  
North Bend, Ohio 45052

RECEIVED  
WMD RECORD CENTER

JUN 15 1994

Dear Mr. Tiffany:

On March 30, 1994, Chevron U.S.A., Inc. (Chevron) located at the intersection of U.S. Route 50 and S.R. 128 in Hooven, Ohio, submitted a request for an extension to the closure period specified in the approved closure plan dated October 18, 1991, for 180 days, until October 25, 1994. (One extension, for 180 days, has already been granted to Chevron. This extension period expired on April 28, 1994.) The extension request was submitted pursuant to OAC Rule 3745-66-13(B) as closure will require longer than the 180 day period specified in OAC Rule 3745-66-13. Chevron has requested this extension because soil analysis in two of the units reveals contamination above the clean standard. The clean standard is outlined in the approved closure plan. Chevron is currently gathering data which will result in an amendment to the plan in the future. Evaluation/plan preparation has been too time consumptive to complete within the 360 day timeframe granted in the approved plan and subsequent extension. At the end of this extension on October 25, 1994, OEPA expects Chevron to file an amended plan.

My staff reviewed your request and recommends that the extension be granted per Rule 3745-66-13(B) of the Ohio Administrative Code. I concur, and am therefore, granting this extension request. This extension is being granted for the above referenced closure plan and expires on October 25, 1994.

Chevron shall continue to take all steps to prevent a threat to human health and the environment from the unclosed, but inactive waste management unit per OAC Rule 3745-66-13(B)(2).

Please be advised that approval of this closure extension request

I certify this to be a true and accurate copy of the official document as filed in the records of the Ohio Environmental Protection Agency.

By: Mary Gavin

Date 6/7/94



Mr. John Tiffany  
Chevron U.S.A., Inc.  
Page 2

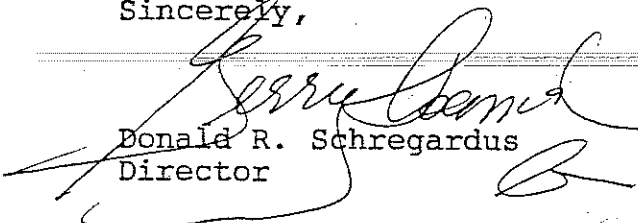
does not release Chevron from any responsibilities as required under the Hazardous and Solid Waste Amendments of 1984 regarding corrective action for all released of hazardous waste or constituents from any solid waste management unit, regardless of the time at which waste was placed in the unit.

When closure is completed, the Ohio Administrative Code Rule 3745-66-15 requires the owner or operator of a facility to submit to the Director of the Ohio EPA certification by the owner or operator and an independent professional engineer, that the facility has been closed in accordance with the specifications in the approved closure plan. These certifications shall follow the format specified in OAC 3745-50-42(D); and should be submitted to: Ohio Environmental Protection Agency, Division of Hazardous Waste Management, Attn: Tom Crepeau, Data Management Section, P.O. Box 1049, Columbus, Ohio 43266-0149.

You are hereby notified that this action of the Director is final any may be appealed to the Environmental Board of Review pursuant to Section 3745.04 of the Ohio Revised Code. The appeal must be in writing and set forth the action complained of and the grounds upon which the appeal is based. It must be filed with the Environmental Board of Review within thirty (30) days from the receipt of this letter. A copy of the appeal must be served to the Director of the Ohio Environmental Protection Agency within three (3) days of filing with the Board. An appeal must be filed at the following address:

Environmental Board of Review  
236 East Town Street  
Room 300  
Columbus, Ohio 43215

Sincerely,

  
Donald R. Schregardus  
Director

DRS/nys

I certify this to be a true and accurate copy of the official document as filed in the records of the Ohio Environmental Protection Agency.

By: Mary Carvin Date 6/2/94

cc: Tom Crepeau, DHWM, Central File, Ohio EPA  
Section Chief, Ohio Permit Section, USEPA, Region V  
Closure Unit Supervisor, DHWM, Ohio EPA  
Mark Boden, DHWM, Southwest District Office, Ohio EPA

OHIO E.P.A.

JUN -2 94

RECEIVED DIRECTOR'S JOURNAL







**Chevron U.S.A. Inc.**

575 Market Street, San Francisco, California  
Mail Address: P.O. Box 7643, San Francisco, CA 94120

April 21, 1982

U.S. Environmental Protection Agency  
Region V  
111 W. Jackson Street - 16th Floor  
Chicago, IL 60604



**Chevron U.S.A. Inc.**

575 Market Street, San Francisco, CA 94105  
Phone (415) 894-4286

Attention: Dr. Eugene Meyer  
Chief - Technical Program Section  
RCRA Activities

Dear Dr. Meyer:

**C. Robert Lupcho**  
Senior Specialist - Environmental  
Marketing Operations

In November of 1980, the Chevron U.S.A. Marke  
"A" RCRA application requesting interim status for our Cincinnati Asphalt  
Refinery. This facility is located at the following address:

Chevron U.S.A. Inc.  
11001 Brower Road  
North Bend, Ohio 45052

TSD, PA

The EPA-RCRA I.D. number is: OHD083364679 *gmb*

The Cincinnati facility manufactures asphaltic products. In the operation of our refinery, we do not store or intend to store hazardous waste for over 90 days and we are not treating or disposing of hazardous waste on-site. As the RCRA regulations have unfolded, many clarifications of the requirements have been provided by the Agency which now make it clear that we made an error in filing for interim status. We do wish to retain our "generator" I.D. number as we will need it to properly manifest and dispose of any hazardous waste we might generate.

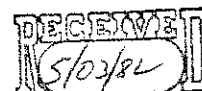
Would you please provide guidance on withdrawing our interim status application for our Cincinnati Asphalt Refinery. As noted above, we want to retain our "generator" I.D. number. If necessary, I would be happy to meet with you or your staff in Chicago. If you have any questions which could be handled by telephone, I can be reached at (415) 894-4286.

Very truly yours,

*CR Lupcho*

C. R. Lupcho  
Senior Specialist-Environmental

CRL:jo





JAN 18 1982

RECEIVED  
JAN 18 1982  
OHA 004 304 124  
OHA 000 724 211  
MARTIN

5AHMM

Mr. M. J. Halbleib  
Specialist - Environmental Compliance  
Chevron U.S.A., Incorporated  
1527 Starks Building  
Louisville, Kentucky 40202

Dear Mr. Halbleib:

Thank you for your letter of January 7, 1982, requesting written clarification of this Agency's position regarding your proposal to remove a solid waste from a lagoon formerly used as an American Petroleum Institute (API) separator for petroleum refining. Please be advised that the solid waste removed from this lagoon should be considered as a Subpart D hazardous waste, K051 "API separation sludge from the petroleum refining industry" as listed in 40 CFR Part 261.32. At such time that the sludge is dredged from the lagoon, you must consider yourself as a generator of the listed hazardous waste (K051) which must be handled according to all applicable Federal regulations under the Resource Conservation and Recovery Act (RCRA).

It is your prerogative to petition to the Administrator for exclusion of this particular waste at your facility as outlined in 40 CFR 260.22(a). In order to substantiate your case you must demonstrate to the Administrator's satisfaction that your K051 hazardous waste does not meet any of the criteria under which the waste was listed as hazardous. Furthermore, a waste listed in Subpart D of 40 CFR Part 261 which may be excluded in this manner must also be examined for characteristics of hazardous waste as outlined in 40 CFR Part 261 Subpart C.

In order to assist you in the preparation of your petition, I have mailed to you, under separate cover, a copy of the May 19, 1980, Vol. 45, No. 98, Federal Register and a copy of the appropriate sections of our background documents which detail the basis for listing hazardous wastes from the petroleum refining industry. I encourage you to examine the portions of the preamble, pages 33110 through 33114, and Appendix VII of 40 CFR 261 entitled, "Basis for Listing Hazardous Waste" in the Federal Register.

I understand that Mr. Debus of my staff had previously mailed to you a Superfund application with instructions. Mr. Debus has informed me that you did not report this lagoon on your hazardous waste Part A permit application which was submitted on November 18, 1980.



Since you formerly used your lagoon for listed hazardous waste disposal practices, R051, it must be reported on the Superfund application provided to you. I have enclosed with this letter a copy of the April 15, 1982, Vol. 46, No. 12, Federal Register, which addresses this circumstance on page 22146, for your reference.

Please contact Mr. Allen Debus at (313) 686-7439, if you have further question or comments.

Sincerely,

Eugene Meyer, Ph.D., Chief  
Technical Programs Section

cc: Kathy Hoser

Enclosure

***JERSEY WEST DRILLING, INC.***

6715 Irwin Simpson Rd. • Mason, Ohio 45040 • Phone (513) 398-0774 • FAX (513) 398-9972

APR 12 1993

M. A. LYVERSE

April 9, 1993

Mr. Mark Lyverse  
Chevron U.S.A., Inc.  
P.O. Box 96  
North Bend, OH 45052

Dear Mark,

Enclosed please find information pertaining to our qualifications, experience, and background, as well as a listing of individuals who use our services frequently and would be willing to provide a reference for us. I am also including the certificates for the OSHA Health and Safety annual refreshers. Should you require anything in addition to these items, please let me know.

Sincerely,

*Carole*





# STATEMENT OF QUALIFICATIONS

## Jersey West Drilling, Inc.

Jersey West Drilling, Inc. was established in 1984 to provide subsurface exploratory and environmental drilling on a contract basis. Jersey West offers a complete drilling service for geotechnical and environmental investigations. Services include auger and rotary borings, soil sampling, rock coring, ground water observation and monitoring wells, and other specialized services and installations.

Jersey West Drilling employs the services of Michael Caprioni, Vice-president and sole driller, who is highly qualified in a diversity of drilling applications, methods and techniques. Prior to establishing Jersey West, Mr. Caprioni acquired extensive experience with other firms involving geotechnical and environmental investigations throughout the Northeast and Midwestern sections of the United States, as well as off-shore and overseas (Africa). His special abilities include hollow-stem auger drilling at extended depths, accurate soil sampling in "heaving" formations, monitoring well installations in difficult formations, air work, and innovative development techniques for monitoring wells.

The following is a partial listing of projects performed by Jersey West which have required soil sampling, installation of ground water monitoring wells, and/or other related instrumentation:

<u>Project Owner/Location</u>	<u>Soil Sampling</u>	<u>Monitoring Wells</u>	<u>Other Service/Instrumentation</u>
BFI, Morrow, OH	X	X	
Chevron USA, Cleves, OH	X	X	
Cincinnati Gas & Electric (numerous locations)	X	X	
Dayton Power & Light, Aberdeen, OH	X	X	
CECOS, Williamsburg, OH	X	X	X
Hilton Davis, Cincinnati, OH	X	X	
Kaiser Aluminum, Ravenswood, W. Va.	X	X	
Miami Paper, Moraine, OH	X	X	
Monsanto (numerous locations)	X	X	X
Occidental Chemical, Kenton, OH	X	X	X
Proctor & Gamble, Cincinnati, OH	X	X	
Safety Kleen (numerous sites)	X	X	
Shell Oil (numerous sites)	X	X	
Sherman Williams, Dayton, OH	X	X	X
Sohio, Lima, OH	X	X	
USS Chemical, Florence, KY	X	X	X
WABCO, Indianapolis, IN	X	X	
Wald Mfg., Maysville, KY	X	X	X
Waste Management (numerous locations)	X	X	X
Westinghouse, Fernald, OH	X	X	



MICHAEL CAPRIONI

6715 Irwin Simpson Road  
Mason, Ohio 45040  
(513) 398-0774

EXPERIENCE

- 1984 - Present JERSEY WEST DRILLING, INC. Mason, Ohio  
Vice-president/driller  
Supervision and performance of all drilling and related activities; maintenance of drilling equipment and machinery; on-site client contact; drilling assistance and consulting to other contractors
- 1982 - 1984 SOIL AND MATERIAL ENGINEERS, INC. Cincinnati, Ohio  
(now Rust Environment and Infrastructure)  
Drilling supervisor/driller  
Established a drilling department; supervised and performed all drilling and related services; maintained all drilling machinery and equipment; provided cost quotations
- 1978 - 1982 BOWSER-MORNER, INC. Dayton, Ohio  
Core driller  
Performed drilling services including soil sampling, rock coring, installing ground water monitoring wells; other geotechnical instrumentation and in-situ testing
- 1970 - 1978 WARREN GEORGE, INC. Jersey City, N.J.  
Core driller  
Performed drilling, soils sampling, rock and coal coring, installing ground water monitoring wells and other geotechnical instrumentation; specialized drilling; off-shore and overseas drilling

LICENSES AND PROFESSIONAL AFFILIATIONS

State of New Jersey

Licensed journeyman well driller, License No. 1242

State of West Virginia

Certified water well driller, Certificate No. 294

State of Indiana

Licensed water well driller, Certificate No. 614

Commonwealth of Pennsylvania

Licensed water well driller, Registration No. 1934

Commonwealth of Kentucky

Certified monitoring well driller, Certif. No. 0265-0331

Ohio Water Well Association

Vice-president, District 2 (1989-1991)

National Drilling Contractors Association

Member



REFERENCES

Civil & Environmental Consultants, Inc.  
4665 Cornell Road, Suite 255  
Cincinnati, Ohio 45241  
(513) 469-0200

Contact: Mr. Richard Kenter

Dames & Moore  
644 Linn St., Suite 501  
Cincinnati, Ohio 45203  
(513) 651-3440

Contact: Mr. Dennis Connair

Eagon & Associates, Inc.  
100 Old Wilson Bridge Road, Suite 320  
Worthington, Ohio 43085  
(614) 888-5763

Contact: Mr. Herbert B. Eagon, Jr.

W.W. Engineering & Science, Inc.  
6660 Busch Blvd.  
Columbus, OH 43229  
(614) 847-6008

Contact: Mr. Steven Thacker

Zorn Engineering  
3833 Eastern Ave.  
Cincinnati, OH 45226  
(513) 871-7525

Contact: Mr. John Zorn



JERSEY WEST DRILLING, INC.

Mason, Ohio

(513) 398-0774

EQUIPMENT

Drill Unit: 1990 Acker SOIL-MAX with 13,500 ft. lbs. torque  
setup for auger, rotary or coring

Equipped with:

Wireline unit  
Bean high-pressure mud pump  
IR 250 cfm air compressor

Supply Units: 1992 Dodge 1-ton supply truck

1988 Chev. 1-ton water truck (500 gal. stainless  
steel water tank - only potable water hauled  
in this tank)

Trailers (14,000 gvw gooseneck; 5500 gvw all-purpose)

Decon: Delco Versa 4300 steam cleaner/pressure washer  
(self-contained unit with own generator for cleaning  
where no power available)

Additional: CME continuous split-barrel sampler  
Conventional (Mobile Lok-NW), wireline (Craelius)  
Belgian system, and air coring (Hoffman) equipment  
Conventional or wireline down-the-hole hammers  
Air hammers  
Portable welder; cutting equipment

CAPABILITIES: Hollow-stem augering: 2 1/4" i.d.; 4 1/4" i.d. to 200 ft.;  
6 1/4" i.d. to 115 ft.  
Soil sampling (SPT split-spoon, 2" & 3"; continuous  
sampler; Shelby tube, etc.)  
Rotary drilling, air or wash, up to 10" rollerbit  
Rock coring, air or water

OTHER EQUIPMENT: 1976 Mobile B-53 auger rig  
Topcon self-leveling elevation equipment  
Well development equipment (BK hand pump, 30 gpm  
submersible pump for 4" wells, 2" Grundfos sub-  
mersible pump for 2" wells; filtered air-lift





# Medchem Safety Corporation, Inc. of Cincinnati, Ohio

certifies that

**Michael Caprioni**

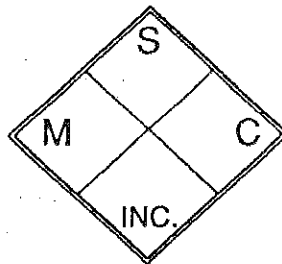
Has Completed

the OSHA 1910.120 Hazardous Waste Operations and  
Emergency Response Annual Eight (8) Hour Refresher Course

This 23th Day of January, 1993



Carl T. Jones, President  
Medchem Safety Corporation, Inc.  
P.O. Box 46793  
Cincinnati, Ohio 45246



Stephen C. Wilson, Vice President  
Medchem Safety Corporation, Inc.  
5082 Worley Road  
Troy, Ohio 45373

=====

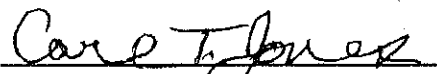
# Medchem Safety Corporation, Inc. of Cincinnati, Ohio

certifies that

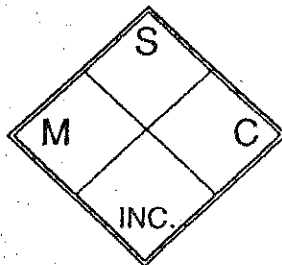
**Rob Quinlan**

Has Completed

the OSHA 1910.120 Hazardous Waste Operations and  
Emergency Response Annual Eight (8) Hour Refresher Course  
This 23th Day of January, 1993



Carl T. Jones, President  
Medchem Safety Corporation, Inc.  
P.O. Box 46793  
Cincinnati, Ohio 45246



Stephen C. Wilson, Vice President  
Medchem Safety Corporation, Inc.  
5082 Worley Road  
Troy, Ohio 45373



OH 083 364679

11001 Brower RD

North Bend OH

OH

0023

To

Region Administrator

U.S.E.P.A. REGION V

From

Tom Norms/ChemUSA, Inc.

P.O. Box 2235

Baltimore, MD 21013

Our File

Your File

Subject "Soft Hammer Waste Certification"

Date

19

ATTACHED IS THE "SOFT HAMMER CERTIFICATION" FOR WASTE GENERATED  
AT CHEVRON'S CINCINNATI ASPHALT REFINERY, 11001 Brower  
Road, P.O. Box 96, North Bend, OH 45052. CHEMICAL WASTE  
MANAGEMENT INC., 933 FRANK ROAD, COLUMBUS, OH 43233  
IS GOING TO INCINERATE THE WASTE. THE CHEMICALS  
INVOLVED ARE LABORATORY WASTES.

Signed

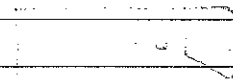
Tom Norms  
Thas J. Tice

An immediate reply will help finalize this matter.

Reply

Date

19



SEP 25 1992

U.S. E.P.A. REGION V  
Baltimore, MD

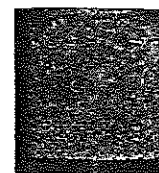
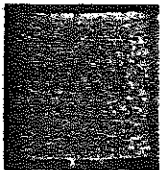
Signed

Printed in U.S.A.

GO-144-C (OS-7-75)

Originator - Retain yellow copy. Forward white and pink (with carbon attached). Addressee - Please return white copy with your reply.

37437







**Chevron U.S.A. Inc.**

810 Gleneagles Court, Towson, MD 21204 • Phone (301) 337-5300

"SOFT HAMMER CERTIFICATION"

Per 40 CFR 268.8(a)(1), Chevron U.S.A., Inc. is submitting this demonstration that the following wastes: U019-Benzene, U044-Chloroform, U154-Methanol, and U226-111 Trichloroethane are being treated by the best practically available technology which yields the greatest environmental benefit as indicated in this demonstration.

The facilities contacted were:

Facility: Ashland Chemical Company  
Industrial Chemicals and Solvents Division  
P.O. Box 2219  
Columbus, OH 43216  
(614) 889-3333  
Contact: William J. Frost  
Contacted: 9-2-88  
Treatment: May be able to landfill in small quantities. Incineration costs would be prohibitive, on the order of \$5/lb.

Facility: Environmental Conservation Systems, Inc.  
Brooks, Kentucky  
Sales Office:  
P.O. Box 228  
Ashland, Virginia 23005  
(804) 798-7981  
Contact: Ken Scaplehorn  
Contacted: 9-8-88  
Treatment: Truck to Alabama for blending and/or fuel stock if not in bulk (Tank Truck) quantities. If still in containers, would be best to incinerate. They do not have their own incinerator and would have to use other facilities.

Facility: L.W.D. Inc.  
P.O. Box 327  
Calvert City, KY 42029  
(502) 395-8313  
Contact: Allan Orth  
Contacted: 9-9-88  
Treatment: Depending on the site of the containers, they would either incinerate the material as is or empty into larger batches for gradual feeding. L.W.D. does not normally handle lab packs.

I believe that the information provided above is true and accurate.

Very truly yours,

Jeff Angermann  
Compliance Specialist

